

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED NOV 16 1948

UNITED STATES DEPARTMENT OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. 36756
Registrar's No. 4373

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1316 E. 13th. st.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 15 years
years, months or days)

3. (a) PRINT FULL NAME Edward E. Mitchell

3. (b) If veteran, name war. no 3. (c) Social Security No. no

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Florence L. Mitchell 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased 12 24 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 9 28 hr. min.

9. Birthplace Rutley Georgia
(City, town, or county) (State or foreign country)

10. Usual occupation Minister of the Gospel

11. Industry or business

12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Florence L. Mitchell

(b) Address # II N. 2nd street

17. (a) Burial (b) Date thereof 10-28-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Westlawn K. C. Kans.

18. (a) Signature of funeral director Mrs. J. H. Jones

(b) Address 440 state ave. K. C. Kans.

19. (a) 10-27-48 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte 994
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. # II N. 2nd. Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 22
year 1948 hour 10 minute 10 P.M.
21. I hereby certify that I attended the deceased from Oct 20 to Oct 20 1948
that I last saw him alive on Oct 20 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive myocardial infarction
Duration

Due to
Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? no
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

H. M. Brathwaite (Specify type of place)
While at work? (c) Means of injury
23. Signature H. M. Brathwaite (M. D. or other)
Address 10 N. James St. Date signed 10-23-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Licensed Embalmer No. 4165-
P.O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.